APR 0 7 2005 W Complete and send

PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

maintenance fee notifications CURRENT CORRESPONDENCE	ADDRESS (Note: Use Block I for a	any change of address)		Note: A certificate of Fee(s) Transmittal. T	f mailing can on his certificate can	ly be used for	or domestic mailings of the for any other accompanyinent or formal drawing, mu-
34704 759 BACHMAN & LA							
900 CHAPEL STRE SUITE 1201 NEW HAVEN, CT	EET			I hereby certify that States Postal Service addressed to the Mi transmitted to the US	ertificate of Mail this Fee(s) Transi with sufficient p ail Stop ISSUE 1 PTO (703) 746-4	nittal is bein ostage for fir FEE address 000, on the c	smission g deposited with the Unite st class mail in an envelop above, or being facsimil late indicated below.
/2005 DEMNANU2 00000035				Antoine	tte Sullo	10	(Depositor's name
:1501 1400.00 DA :1504 300.00 DA :8001 30.00 DA				April 5	2005	inle	(Date
APPLICATION NO.	FILING DATE	F	IRST NAMED INVEN	NTOR	ATTORNEY DO	OCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: PU	LSED COMBUSTION TUI	RBINE ENGINE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E PI	UBLICATION FEE	TOTAL FEE	(S) DUE	DATE DUE
nonprovisional	Ю	\$1400		\$300	\$170	0	05/09/2005
EXAMI	NER	ART UNIT	т с	LASS-SUBCLASS			
KIM, TA	E JUN	3746		060-226100			
"Fee Address" indication PTO/SB/47; Rev 03-02 or	address or indication of "Fe nnce address (or Change of C 2) attached. on (or "Fee Address" Indical more recent) attached. Use	Correspondence	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent	single firm (having as y or agent) and the na t attorneys or agents. I	ent attorneys 1 a member a 2	Bachma	n & LaPointe,
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I	nce address (or Change of C 2) attached. on (or "Fee Address" Indical more recent) attached. Use	Correspondence tion form of a Customer E PRINTED ON TH	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patentisted, no name with PATENT (print of the patential of the patentia	up to 3 registered pate matively, single firm (having as y or agent) and the na t attomeys or agents. I ill be printed.	a member a mes of up to f no name is 3		
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I	nnce address (or Change of C 2) attached. on (or "Fee Address" Indicat more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion o	Correspondence tion form of a Customer E PRINTED ON TH low, no assignee de of this form is NOT	(1) the names of or agents OR, alte (2) the name of a registered attorne; 2 registered patent listed, no name with E PATENT (print of ata will appear on the asubstitute for filing or agents.	up to 3 registered pate matively, single firm (having as y or agent) and the na t attomeys or agents. I ill be printed.	a member a mes of up to f no name is 3		
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/122 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNEE	ence address (or Change of C 2) attached. 2) attached. 3) attached. Use 4 more recent) attached. Use RESIDENCE DATA TO BE 30 CFR 3.11. Completion of E	correspondence tion form of a Customer E PRINTED ON THow, no assignee do f this form is NOT (B)	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with PATENT (print of ata will appear on the assubstitute for filin RESIDENCE: (CIT	up to 3 registered pate matively, single firm (having as y or agent) and the na- t attorneys or agents. I ill be printed. or type) the patent. If an assig g an assignment. Y and STATE OR CO	a member a mes of up to f no name is 3 mee is identified DUNTRY)	below, the d	ocument has been filed fo
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED United	ence address (or Change of Co 2) attached. The continuation of th	correspondence tion form of a Customer E PRINTED ON TH low, no assignee di of this form is NOT (B) COrporation ies (will not be printed	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with PATENT (print of ata will appear on the assubstitute for filling RESIDENCE: (CIT) the control of the patent):	up to 3 registered pate matively, single firm (having as y or agent) and the na- t attorneys or agents. I ill be printed. or type) the patent. If an assig g an assignment. Y and STATE OR CO	a member a mes of up to f no name is 3 mee is identified DUNTRY)	below, the d	ocument has been filed fo
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/122 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3. (A) NAME OF ASSIGNEE United.	ence address (or Change of Co 2) attached. The continuation of th	Correspondence tion form of a Customer E PRINTED ON TH low, no assignee do of this form is NOT (B) Corporation ies (will not be print 4b.	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of ata will appear on the assubstitute for filling RESIDENCE: (CIT in the control of the patent): Payment of Fee(s):	up to 3 registered pate matively, single firm (having as y or agent) and the na- t attorneys or agents. I ill be printed. or type) the patent. If an assig g an assignment. Y and STATE OR CO	a member a mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth	below, the d	ocument has been filed fo
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicates PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED United Please check the appropriate a 4a. The following fee(s) are en Call Issue Fee Call Publication Fee (No sm	nnce address (or Change of Co 2) attached. The continuous of the	Correspondence tion form of a Customer E PRINTED ON TH low, no assignee do of this form is NOT (B) Corporation ies (will not be print 4b.	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of ata will appear on the assubstitute for filling RESIDENCE: (CIT in the don't the patent): Payment of Fee(s): A check in the arm Payment by credits of the patent of the patent of the patent of the payment by credits.	up to 3 registered paternatively, single firm (having as yor agent) and the natt attorneys or agents. It is printed. or type) the patent. If an assign an assignment. 'Y and STATE OR COMBATT FOR COMBATT COR	a member a 2 mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached.	below, the d	ocument has been filed for
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/122 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED United Please check the appropriate and the following fee(s) are end assured.	nnce address (or Change of Co 2) attached. The continuous of the	Correspondence tion form of a Customer E PRINTED ON TH low, no assignee do of this form is NOT (B) Corporation ies (will not be print 4b.	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of ata will appear on the assubstitute for filling RESIDENCE: (CIT in the don't the patent): Payment of Fee(s): A check in the arm Payment by credits of the patent of the patent of the patent of the payment by credits.	up to 3 registered paternatively, single firm (having as yor agent) and the natt attorneys or agents. It is printed. or type) the patent. If an assign an assignment. 'Y and STATE OR COMBATT FOR COMBATT COR	a member a 2 mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached.	below, the d	ocument has been filed for
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED United Please check the appropriate at 4a. The following fee(s) are ended at the following fee(s) are ended at the following fee (No small state of the fee) Advance Order - # of Communication of the fee (No small state of the fee) Change in Entity Status (in a Applicant claims SM	ance address (or Change of Co. 2) attached. 2) attached. 3) attached. 4 more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified below the completion of t	Correspondence tion form of a Customer E PRINTED ON THow, no assignee do of this form is NOT (B) COrporation ies (will not be print 4b. (d) (1) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered attorney 2 registered patent listed, no name with the PATENT (print of a substitute for filling RESIDENCE: (CIT in the don't the patent): Payment of Fee(s): A check in the arm Payment by credit of the Director is Deposit Account Number 1 b. Applicant is not agents.	up to 3 registered paternatively, single firm (having as yor agent) and the nata attorneys or agents. It is printed. or type) the patent. If an assignment. Y and STATE OR CO. Hartford Individual	a member a 2 mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached. charge the require (enclosed.	below, the deep private graded fee(s), or see an extra curs. See 37 C	ocument has been filed for the pup entity Government Government Government, to opy of this form).
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/122 or Number is required. 3. ASSIGNEE NAME AND IT PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNEE United Please check the appropriate at The following fee(s) are entired: Itsue Fee Advance Order - # of Common Control Publication Fee (No sm.) Advance Order - # of Common Control Publication Fee (No sm.) Change in Entity Status (for the property of Common Control Publication Fee (No sm.)	ance address (or Change of Co. 2) attached. 2) attached. 3) attached. 4 more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified below the completion of t	Correspondence tion form of a Customer E PRINTED ON THow, no assignee do of this form is NOT (B) COrporation ies (will not be print 4b. (d) (1) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered attorney 2 registered patent listed, no name with the PATENT (print of a substitute for filling RESIDENCE: (CIT in the don't the patent): Payment of Fee(s): A check in the arm Payment by credit of the Director is Deposit Account Number 1 b. Applicant is not agents.	up to 3 registered paternatively, single firm (having as yor agent) and the nata attorneys or agents. It is printed. or type) the patent. If an assignment. Y and STATE OR CO. Hartford Individual	a member a 2 mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached. charge the require (enclosed.	below, the deep private graded fee(s), or see an extra curs. See 37 C	ocument has been filed for the pup entity Government Government Government, to opy of this form).
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND I PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED United Please check the appropriate at 4a. The following fee(s) are ended at the following fee(s) are ended at the following fee (No small state of the fee) Advance Order - # of Communication of the fee (No small state of the fee) Change in Entity Status (in a Applicant claims SM	ance address (or Change of Co. 2) attached. 2) attached. 3) attached. 4 more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified below the completion of t	Correspondence tion form of a Customer E PRINTED ON THow, no assignee do of this form is NOT (B) COrporation ies (will not be print 4b. (d) (1) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered attorney 2 registered patent listed, no name with the PATENT (print of a substitute for filling RESIDENCE: (CIT in the don't the patent): Payment of Fee(s): A check in the arm Payment by credit of the Director is Deposit Account Number 1 b. Applicant is not agents.	up to 3 registered paternatively, single firm (having as y or agent) and the nat at attorneys or agents. It libe printed. or type) the patent. If an assig g an assignment. "Y and STATE OR CO Hartford Individual	a member a 2 mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached. charge the require (enclosed.	er private graded fee(s), or se an extra cous. See 37 Coo the applicator agent; or the	credit any overpayment, to opy of this form).
CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/122 or Number is required. 3. ASSIGNEE NAME AND IT PLEASE NOTE: Unless a recordation as set forth in a condition of the Company of the Com	rence address (or Change of Co.) attached. The control of the con	Correspondence tion form of a Customer E PRINTED ON THow, no assignee do of this form is NOT (B) COPPORATIO db. di ies (will not be print 4b. copporation 4b. di from is not be print 4b. copporation 4c. copporation 4c. copporation 4c. copporation 4d. c	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered attorney 2 registered patent listed, no name with the PATENT (print of a substitute for filling RESIDENCE: (CIT in the don't he patent): Payment of Fee(s): A check in the arm Payment by credit of the Director is Deposit Account Number of Fee (if any) or to from anyone other to office.	up to 3 registered patematively, single firm (having as y or agent) and the na- t attorneys or agents. I II be printed. or type) the patent. If an assig g an assignment. 'Y and STATE OR CO Hartford Individual (C) mount of the fee(s) is e it card. Form PTO-203 thereby authorized by mber 1 - 1 - 9 lo longer claiming SMA re-apply any previous han the applicant; a reg-	a member a mes of up to f no name is 3 mee is identified DUNTRY) CT Corporation or oth nelosed. 8 is attached. charge the require (enclosed.) LLL ENTITY states of the properties of the pr	below, the defects, or us. See 37 Co. to the applicator agent; or the control of	credit any overpayment, to opy of this form). FR 1.27(g)(2). Stion identified above. The assignee or other party is